CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(MIDDLE)
Munson Willias	m Joseph
. Office, Agency, or Court	1 - 71 - 1
Agency Name (Do not use acronyms) Department of Conservation	Λ
Division, Board, Department, District, if applicable	offernal Resources and Gas Engin
▶ If filing for multiple positions, list below or on an attachment. (Do	not use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
☐ City of	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2018, through December 31, 2018.	Leaving Office: Date Left/(Check one circle.)
The period covered is/, through December 31, 2018.	ough The period covered is January 1, 2018, through the date of -or-
Assuming Office: Date assumed	The period covered is/, through the date of leaving office.
Candidate: Date of Election and office s	sought, if different than Part 1:
4. Schedule Summary (must complete) ► Total nu	ımber of pages including this cover page:
Schedules attached	
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income – Gifts – Travel Payments – schedule attached
-or- □ None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET C (Business or Agency Address Recommended - Public Document)	CITY STATE ZIP CODE
4800 Stackale they BSuite	e 100 Balkersfied (A 93309
(661) 326-6005	William. Munson@ Conservation.ca.
	ve reviewed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the laws of the State of 0	California that the foregoing is true and correct.
Date Signed 02/26/2019	Signature Will Heffin
(month, day, year)	(File the originally signed paper statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name William	Munson	

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
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GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	OENEIVAE DESCRIPTION OF THIS BUSINESS
Oil à Gas Producer	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
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NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
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○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
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NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
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FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership () Income Received of \$0 - \$499	(Describe) ☐ Partnership ○ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
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IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
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Divected Chesana Ca	m Dane Strake 40 02/16/2019